**BIRCH, STEWART, KOLASCH & BIRCH, LLP**

PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWING

P.O. Box 747 • Falls Church, Virginia 22040-0747
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title: **METHOD OF PRODUCING A MOVABLE LENS STRUCTURE FOR A LIGHTFORMING UNIT**

the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:

Fill in Appropriate Information - The specification was filed on 04/13/2005 as United States Application Number 10/531,274 ;
and amended on 04/13/2005 (if applicable) and/or

For Use Without Specification Attached: the specification was filed on 11/04/2003 as PCT International Application Number PCT/SE2003/001709 ;
and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Insert Priority Information (if appropriate)	Prior Foreign Application(s)	Priority Claimed
	<u>0203266-2</u> <u>Sweden</u> <u>November 5, 2002</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	(Number) (Country) (Month/Day/Year Filed)	
	(Number) (Country) (Month/Day/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(Number) (Country) (Month/Day/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(Number) (Country) (Month/Day/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

Insert Provisional Application(s): (if any)	(Application Number)	(Filing Date)
	(Application Number)	(Filing Date)

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

Insert Requested Information (if appropriate)	Country	Application Number	Date of Filing (Month/Day/Year)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Insert Prior U.S. Application(s): (if any)	(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
	(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000

Facsimile: (703) 205-8050

PLEASE NOTE:
YOU MUST
COMPLETE
THE
FOLLOWING:
↓

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First
or Sole Inventor:
Insert Name of
Inventor →
Insert Date This
Document is Signed

Insert Residence
Insert Citizenship →

Insert Post Office
Address →


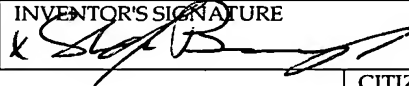
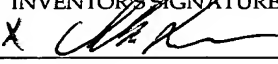
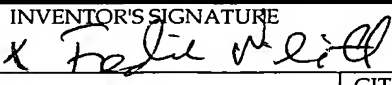

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Gert ANDERSSON	INVENTOR'S SIGNATURE 	DATE* 1 April 27, 2005
Residence (City, State & Country) Lindome, Sweden	CITIZENSHIP Sweden	
MAILING ADDRESS (Complete Street Address including City, State & Country) Stockens väg PL 2022, Lindome S-437 93, Sweden		
GIVEN NAME/FAMILY NAME Stefan BENGTSOON	INVENTOR'S SIGNATURE 	DATE* 1 May 1, 2005
Residence (City, State & Country) Särö, Sweden	CITIZENSHIP Sweden	
MAILING ADDRESS (Complete Street Address including City, State & Country) Ekebovägen 2, Särö S-429 42, Sweden Sanna Delavägen 161, Särö S-429 44, Sweden		
GIVEN NAME/FAMILY NAME Sverker HÅRD	INVENTOR'S SIGNATURE deceased - completed on added page	DATE*
Residence (City, State & Country) Göteborg, Sweden	CITIZENSHIP Sweden	
MAILING ADDRESS (Complete Street Address including City, State & Country) Långsliden 28, Göteborg S-142 70, Sweden		
GIVEN NAME/FAMILY NAME Anders LARSSON	INVENTOR'S SIGNATURE 	DATE* 1 May 1, 2005
Residence (City, State & Country) Billdal, Sweden	CITIZENSHIP Sweden	
MAILING ADDRESS (Complete Street Address including City, State & Country) Kvarnlyckan 14, Billdal S-427 34, Sweden		
GIVEN NAME/FAMILY NAME Fredrik NIKOLAJEFF	INVENTOR'S SIGNATURE 	DATE* 1 May 9, 2005
Residence (City, State & Country) Stockholm, Sweden	CITIZENSHIP Sweden	
MAILING ADDRESS (Complete Street Address including City, State & Country) Sjöbjörnsvägen 25, Stockholm S-117 67, Sweden Blommensbergsv. 112, SE-117 65 Stockholm		
GIVEN NAME/FAMILY NAME Henrik RÖDJEGÅRD	INVENTOR'S SIGNATURE 	DATE* April 29, 2005
Residence (City, State & Country) Öjersjö, Sweden	CITIZENSHIP Sweden	
MAILING ADDRESS (Complete Street Address including City, State & Country) Storegården 61 B, Öjersjö S-433 51, Sweden		



**ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR
SIGNING BY ADMINISTRATOR(TRIX), EXECUTOR(TRIX) OR LEGAL
REPRESENTATIVE ON BEHALF OF DECEASED OR INCAPACITATED INVENTOR (37
CFR 1.42 AND 1.43)**

I,

ANNA-LENA HÅRD

(type or print name(s) of administrator(trix), executor(trix) legal representative or all heirs)

hereby declare that I am a citizen of SWEDEN

residing at VÄSTERGÅRDSVÄGEN 425

SE-474 95 HÄLLEVIKSSTRAND, SWEDEN

and that I am executing and signing the declaration to which this is attached as (check one):

- ☐ the administrator(trix) of
☐ executor(trix) of the last will and testament of
☒ legal representative (or heirs) of

Sverker HÅRD

Full name of (first, second, etc.) deceased or incapacitated inventor

Sweden

Country of citizenship of deceased or incapacitated inventor

Göteborg, Sweden

Residence (City, State, and Country) of deceased or incapacitated inventor

Långåsliden 28, Göteborg, Sweden, S-142 70

Mailing Address of deceased or incapacitated inventor

NOTE:

The name of the first, second etc. deceased or incapacitated inventor should preferably also be filled in at the appropriate prior space of the declaration adding the words "deceased-completed on added page" or "incapacitated-completed on added page."

That, upon information and belief, I aver those facts which the inventor is required to state.

Date: June 4, 2005 x

CH Hård x

(Signature of administrator(trix), executor(trix)
legal representative (or all heirs))

NOTE:

Application may be made by the heirs of the inventor if a certificate of the court will establish that they are all the heirs and the estate was not required to appoint an administrator. If the heirs are signing add lines for all the heirs to sign. MPEP § 409.01(a).